

**IDAHO STATE BOARD OF ACCOUNTANCY**

PO Box 83720

Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

E-Mail: isba@isba.idaho.govWeb Site: www.isba.idaho.gov**For Office Use Only**

Batch _____

Sequence _____

Date _____

Check# _____

Amount \$ _____

APPLICATION FOR REINSTATEMENT or RE-ENTRY

Lapsed or Suspended licenses may be Reinstated. Inactive or Retired licensees may request Re-Entry. Complete this application, attach documentation of 80 hours of CPE (4 of which must be ethics with at least 2 Idaho specific ethics), and pay the non-refundable Reinstatement or Re-Entry fee. Please contact our office for fee amount.

License # _____ First Name _____ Middle Name _____ Last Name _____ Suffix _____

DOB _____ Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____
Mailing Address _____ Alternate Address _____

In Care of: _____

Street1: _____

Street 2: _____

City, State, Zip: _____

E-mail Address: _____

While your license was Lapsed, Suspended, Inactive or Retired, did you:

YES NO Sign Financial Reports as a CPA/LPA?

YES NO Practice Public Accounting in any other manner?

YES NO Use stationery or business cards as a CPA/LPA?

YES NO Sign Tax Returns as a CPA/LPA?

YES NO Use the CPA/LPA title in any manner?

DATE CPE HOURS BEGAN _____ DATE CPE HOURS COMPLETED _____

CPE must be completed during the twelve-month period **immediately prior** to the application submission date. An application submitted August 1, 2014 requires that CPE be completed between August 1, 2013 and July 31, 2014.

Will you or your firm be providing public accounting services in Idaho or for Idahoans?

YES NO If Yes: Firm Name _____
Address _____
City, State, Zip _____Peer Reviewed Services Offered: D Audits D Reviews D Compilations D Taxes* D Consulting*
Non-Peer Reviewed Services Offered: D Taxes* D "Safe-Harbor" Financial Statements D Consulting***Safe harbor statements cannot be prepared if your firm does audits, compilations or reviews for any clients.*****Tax and/or consulting may be included with Peer Review or Non-Peer Review services.**

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? YES NO

YES NO Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

YES NO Have you had an application for license denied, restricted, suspended or revoked by any state or federal agency or governing or licensing board? If yes, please provide explanation.

Statements of this application are true and correct to the best of my knowledge and belief and are made under penalty of perjury.

Dated _____ Signature X _____

September 2019

FOR OFFICE USE ONLY: ID COURTS / REPOSITORY

Record

No Record

Initials

Date

License #

Idaho State Board of Accountancy
Re-Instatement or Re-Entry CPE Reporting
List courses completed to fulfill 80 CPE hours
4 of the 80 hours must be in ethics, 2 must be Idaho specific ethics.

If Course has no Ethics component, then Hours = Total Course

hours					ETHICS*	TOTAL
	DATES	DELIVERY METHOD	TITLE OF PROGRAM & SPONSOR	HOURS	HOURS	HOURS
Example	1/26-27/2017	Group	Tax Preparation - Idaho Tax Preparers Ass'n	6	2	8
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
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16.						
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20.						
21.						
22.						
23.						
24.						
25.			IDAHO STATE SPECIFIC ETHICS **			
(If additional lines are needed, contact the Board office for instructions).						
TOTALS						

* 4 Hours of Ethics CPE are required for Re-Entry or Reinstatement and are also required every 2 years. **

Delivery Methods: Group, Independent Study, Blended, Self-Study, Nano, Instructor/Developer or

University or College Course.

Idaho State-Specific Ethics required for all new, reciprocal, reinstatement, re-entry licensees as of 7/1/2008.



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



NAME BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

A \$20 processing fee must be included. Each field marked with an asterisk (*) must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency.** A \$20.00 fee will be charged for any returned checks.

Please print clearly in blue or black ink only. Illegible forms will be returned for clarification.

REQUEST			
Please provide an Idaho Criminal History on the individual named below.			
*Last Name	*First Name	*Middle Name	
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.			
*Date of Birth (mm/dd/yyyy)	Social Security Number (optional) LAST 4 DIGITS ONLY	*Sex	*Race
*Address	*City	*State	*Zip
WAIVER Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted. I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself. _____ *Signature _____ *Date <i>This signature on the waiver must be within 180 days of the name check submission.</i>			

*TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION *

Requesting Person or Company *	Address of Requester (Results will be mailed to this address)*	
Idaho State Board of Accountancy	PO Box 83720 – Boise ID 83720-0002	
Printed Name of Requester (Print Legibly) *	Signature of Requester *	Phone Number of Requester *
Sandy Bly		208-334-2490

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

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